

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 DEC 15 PM 12:45
CLERK OF ELECTIONS

Full Name of Committee Committee to Elect Eddie Pauline						Registration Number, if PAC	
Full Name of Candidate Eddie Pauline							
Street Address 980 King Avenue Bldg 9, Apt. 6				Office Sought Columbus City Council		District	
City Columbus				State OH		Zip Code 43212	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1 ^M 1 0 ^D 8 0 ^Y 5	

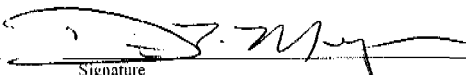
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$11,278.17
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,275.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$14,553.17
5. Total monetary expenditures (From Form No. 31-B)	\$	\$13,740.68
6. Balance on hand (line 4 minus line 5)	\$	\$812.49
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$10,500.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Dan Meyers, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

12/15/2005

Date

Contribution
pages 2

Expenditure
pages 1

Other
pages 1

Total
pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline							
Full Name of Contributor Roger W. Tracy					Registration Number, if PAC		
Street Address 5057 Heath Gate Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 3	Amount \$100.00	
Full Name of Contributor Donn Ellerbrock					Registration Number, if PAC		
Street Address 1229 Oxley Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 1	D 1	Y 0	Amount \$35.00	
Full Name of Contributor Michael F. Colley					Registration Number, if PAC		
Street Address 536 Sough High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Jack Miner					Registration Number, if PAC		
Street Address 114 W 2nd Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Taft, Stettinius & Hollister Better Government Fund					Registration Number, if PAC OH 1146		
Street Address 425 Walnut Street, Sulte 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45202	M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Frank Titus					Registration Number, if PAC		
Street Address 1251 Harrison Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 1	D 1	Y 0	Amount \$50.00	
Full Name of Contributor George Arnold					Registration Number, if PAC		
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 1	Y 0	Amount \$50.00	
Full Name of Contributor JoAnn Davidson					Registration Number, if PAC		
Street Address 6639 Forrester Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 3	Amount \$100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Eddie Pauline									
Full Name of Contributor Robert F. Klaffky							Registration Number, if PAC		
Street Address 41 S. High Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M D Y 1 1 1 1 0 5		Amount \$20.00	
Full Name of Contributor Isaac K. Wu							Registration Number, if PAC		
Street Address 153 E. 14th Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43201		M D Y 1 1 0 1 0 5		Amount \$40.00	
Full Name of Contributor James Hess							Registration Number, if PAC		
Street Address 6201 Heritage Lakes Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43206		M D Y 1 1 0 3 0 5		Amount \$50.00	
Full Name of Contributor Jack Ruscilli							Registration Number, if PAC		
Street Address 1957 Lake Shore Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M D Y 1 0 3 1 0 5		Amount \$100.00	
Full Name of Contributor Tom Davis							Registration Number, if PAC		
Street Address 1 Miranova Pl Apt 2400				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M D Y 1 1 0 1 0 5		Amount \$500.00	
Full Name of Contributor William Brownson							Registration Number, if PAC		
Street Address 328 West 6th Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43201		M D Y 1 1 0 1 0 5		Amount \$250.00	
Full Name of Contributor Gregory Zanetos							Registration Number, if PAC		
Street Address 76 Buttes Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M D Y 1 1 0 1 0 5		Amount \$500.00	
Full Name of Contributor George Kontoglannis							Registration Number, if PAC		
Street Address 400 South Fifth Street Suite 400				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M D Y 1 1 0 1 0 5		Amount \$500.00	

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Page Total **\$2,190.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee to Elect Eddie Pauline									
To Whom Paid Brad Davis						M 1	D 0	Y 2	Amount \$272.51
Address 100 E. Broad Street, Suite 2330		Purpose 10/25 Event Reimbursement							
City Columbus		State OH	Zip Code 43215	Check Number 126					
To Whom Paid Pamela R. Hashem						M 1	D 1	Y 0	Amount \$1,962.45
Address 100 E. Broad Street, Suite 2330		Purpose Fundraising Consultation							
City Columbus		State OH	Zip Code 43215	Check Number 128					
To Whom Paid Franklin County Republican Party						M 1	D 0	Y 2	Amount \$10,500.00
Address 14 E. Gay Street		Purpose Contribution							
City Columbus		State OH	Zip Code 43215	Check Number 127					
To Whom Paid Eddie Pauline						M 1	D 2	Y 0	Amount \$1,005.72
Address 980 King Ave		Purpose Reimbursement for website, postage							
City Columbus		State OH	Zip Code 43215	Check Number 129					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code	Check Number					

Page Total \$13,740.68

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline			
Full Name of Contributor Ohio Republican Party	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 211 S. Fifth Street	Description of Item or Service Communications	M D Y 1 0 3 1 0 5	Fair Market Value \$10,200.00
City Columbus	State OH	Zip Code 43215	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

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